

# CJ Buckley Sailing Scholarship Application

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## Applicant:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

## Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age (as of program start date): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Phone: Area Code: \_\_\_\_\_ Number \_\_\_\_\_

## Current Sailing Program:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ No. Years Attended: \_\_\_\_\_

## Level of Sailing Class you plan to enter this summer:

\_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Racer \_\_\_\_\_ Other (please explain)

Expected Tuition: \$ \_\_\_\_\_

## Applicant Statement: (1 page or less)

Please explain why you feel you qualify for the award.

Consider the following:

Why are you drawn to the sport of sailing?

What about sailing brings you joy?

What goals do you have for your sailing career?

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**Coach/Supporter:**

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Date: \_\_\_\_\_

**Phone:** Area Code: \_\_\_\_\_ Number \_\_\_\_\_

**Email:** \_\_\_\_\_

**Connection to applicant:** \_\_\_\_\_

**Coach/Supporter Recommendation:** (1 typed page or less)

**Please explain why applicant deserves this award  
Consider the following: Interest, Passion, and Need**

**Only completed forms will be reviewed.**

**Please scan and e-mail the Application Form with the applicant statement  
and coach/supporter recommendation to:**

**cjbuckleyscholarshipfoundation@gmail.com.**

**or send by mail to:**

**Carter Y. Buckley, 11 Intervale Road, Providence, RI 02906**

**Scholarship Application Deadline – 4/30/2022**